

Waiver Case Manager FAQs



1. What is Healthy Connections Prime?

Healthy Connections Prime is a new option for seniors 65 and older with Medicare and Healthy Connections Medicaid. It combines all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits managed by a Medicare-Medicaid Plan (MMP).

2. What are the benefits of Healthy Connections Prime for members?

The key benefits are:

- **No copays for doctor visits, hospital stays, and prescription drugs.**
- One card for all health care needs.
- Member-approved care team and a personal care coordinator to help members get the benefits and support needed so that they can stay healthy and live at home as long as possible.
- Access to home and community-based services, when the assessment and service plan demonstrate a need for these services.

3. Can a person be in a CLTC waiver and still enroll in Healthy Connections Prime?

Yes, Healthy Connections Prime members can also be in one of the following three Community Long Term Care (CLTC) waivers:

- Community Choices waiver
- HIV/AIDS waiver
- Mechanical Ventilator Dependent waiver

Please note: Waiver participants can keep their existing Waiver Case Manager and other providers for six months after their Healthy Connections Prime coverage starts while their MMP helps providers join their network. This is called the “continuity of care” period. When appropriate to meet a member’s needs, the MMP develops a single case agreement for an out-of-network provider(s) to continue to serve a member. Also, service authorization levels for waiver services are maintained during the first six months, unless there is a change in the service needs. After a waiver participant’s Healthy Connections Prime coverage starts, all new prior authorization requests and changes will be submitted to the MMP for approval.

It is critical that waiver participants choose the health plan they wish to join and that Waiver Case Managers do not influence or advise waiver participants to leave a specific MMP or the Healthy Connections Prime program.

4. How does Healthy Connections Prime affect me?

The Waiver Case Manager’s responsibilities as outlined in the CLTC Case Management Scope of Services and the CLTC Community Choices Policy and Procedures do not change (for example: in-home assessment, emergency protocol update). You can also read the “HCBS Transition Provider FAQ” posted on our Provider Toolkit page (<https://msp.scdhhs.gov/SCDue2/site-page/provider-toolkit>) and the Phoenix Help page to learn more about the program and how it may affect providers.

When a waiver participant joins Healthy Connections Prime, what does change is:

- To whom you submit the participant's re-evaluations, service prior approval requests, service level exception requests, and service plan changes for review and approval ("team staffing"). These will go to the assigned MMP Care Coordinator. However, all level of care exceptions will be submitted to CLTC Central Office for review.
- How you will be paid. In the near term, you will be paid the same way as you are paid today. However, a system change will be rolled out in 2017 that will mean your services for a waiver participant in Healthy Connections Prime will be paid by the participant's MMP. We will send you additional information before this change takes place. After that change, you must have a signed ~~the~~ Provider Agreement before filling a claim. Also, once the six-month continuity of care period (see question #3) has passed, you will also need to be contracted with the MMP or have a single case agreement with the MMP before filling a claim. However, how you file a claim will remain the same:
 - **In-home services:** Providers will continue to use the Care Call EVV to enter a claim. The Resolutions tab is used to request payment for in-home services that were provided but were not submitted for payment while at the participant's home.
 - **Out-of-home or delivered services** such as Adult Day Health Care, Meals, Incontinence Supplies or PERS: Providers will enter claims into the Claims Entry Tab in Phoenix.
 - Please see the latest Phoenix/Care Call Provider Training document in the Help section of Phoenix for more information on the Resolutions tab in Care Call and the Claims Entry tab in Phoenix.

5. How can I join/contract with a Healthy Connections Prime MMP network?

Contact the representatives listed in the "HCBS Transition Provider FAQ" posted on our Provider Toolkit page (<https://msp.scdhhs.gov/SCDue2/site-page/provider-toolkit>).

6. How does an MMP Care Coordinator role differ from a Waiver Case Manager's role?

The MMP Care Coordinator represents the MMP and oversees the member's overall health care concerns (such as medical, drugs, and behavioral health), with a focus on care coordination among the member's care team and other relevant parties. The Waiver Case Manager's responsibilities as outlined in the CLTC Case Management Scope of Services and the CLTC Community Choices Policy and Procedures do not change. The Waiver Case Managers specializes in home and community based services offered by CLTC, and is a valuable partner for the MMP in assessing the need for home and community based services and monitoring the services.

7. How do I find contact information for my waiver participant's MMP Care Coordinator?

Contact information for MMP Care Coordinators can be obtained by running the "Case Manager Report" in Phoenix.

8. When do I contact a waiver participant's MMP Care Coordinator? What kind of interactions do I have with MMP Care Coordinators?

You will have contact with the MMP Care Coordinator in the following ways:

Initial Contact	<ul style="list-style-type: none"> • If a new CLTC waiver participant is already in Healthy Connections Prime, you must contact the MMP Care Coordinator in addition to the State Case Manager (in person or by phone) within two business days after accepting the case in Phoenix in order to complete a case transfer conference. • If your existing waiver participant joins Healthy Connections Prime, the MMP Care Coordinator will contact you to complete a case transfer conference
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Ongoing	<ul style="list-style-type: none"> While you serve the waiver participant, the MMP Care Coordinator will review the service plan, authorizations, and annual LOC reassessment submitted by the Waiver Case Manager in Phoenix to provide approvals that are needed and to monitor the services just as CLTC does today. MMPs respond to Phoenix Conversations, phone calls and secure emails regarding participants usually within 24 business hours. MMPs review approval requests on the same day or next day after notification by the Waiver Case Manager that approval requests are complete and ready for review. If additional information is needed, you may have to provide that information and the approval/denial may be delayed.
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You and the MMP Care Coordinator can communicate with each other when it is needed by phone, email or through the Phoenix Conversation tool. Communicate early and often. You will continue to follow the CLTC Documentation Policy (see the Documentation section of the CLTC Policy and Procedures manual that can be found in the Help section of Phoenix) and continue to capture your case notes. Case notes and other important documentation for waiver participants should take place in the Narrative section in Phoenix.

9. What if I have concerns or questions about the care of a waiver participant?

- Enrollment and process-related questions: Email PrimeProviders@scdhhs.gov.
- Questions or concerns about the care of a member should be shared with the assigned MMP Care Coordinator as soon as possible to assure the health and welfare of the member.
- Formal complaints or concerns about enrollment, service denials, and level of care changes: Contact the Healthy Connections Prime Advocate at (844) 477-4632 or through the information at this link: <http://www.healthyconnectionsprimeadvocate.com/contact-us>. The Advocate will work with the waiver participant to address any concerns. Note: complaints or concerns about the initial service levels assigned prior to the case transfer conference (see #7 above) should be directed toward the Area Office state case management team.

10. How does CLTC's role with these waiver participants change?

For CLTC waiver participants who are also members in the Healthy Connections Prime program, CLTC is transitioning the responsibilities, as outlined in the table below.

Responsibility	CLTC Keeps	CLTC Transitions to MMPs
Case Management		
Enrolling the applicant in the waiver	✓	
Initial Level of Care Assessments	✓	
Development of the Initial Service Plan	✓	
Sending Provider Choice List to the member/primary contact	✓	
Establishment of initial services	✓	
Service plan approval and monitoring		✓
LTC Level of Care reevaluation review including: assessment, level of care and service planning		✓
Other Related Responsibilities		
Use of Phoenix (e.g., service plan/authorization monitoring)	✓	✓ (with CLTC)
Provider contracting		✓
Provider reimbursement	✓	TBD